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OF CITIES AND TOWNS**

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**Testimony from Brian M. Daniels, Executive Director
S0951 – Emergency Medical Transportation Services
Senate Committee on Health & Human Services – June 11, 2019**

Thank you, Mr. Chairman and members of the committee, for the opportunity to testify. We appreciate Chairman Conley's sponsorship of this bill and the support from the cosponsors.

This legislation was prompted by a proposed rule change last year for Emergency Medical Services. The Department of Health had proposed, based on the recommendations of the Ambulance Service Coordinating Advisory Board, a series of regulatory changes to EMS services, equipment and staffing. The proposed changes would have mandated additional positions and staffing requirements for local EMS services and established new standards for ambulances. Because there are no municipal officials on the advisory board, we were alerted to the changes by the RI State Association of Firefighters, which we greatly appreciated.

We also learned that the Department of Health had not prepared a municipal fiscal note for the proposal, as required under RI General Laws § 22-12-1.1, which we then requested. Working with city and town officials, the Department of Health and Division of Municipal Finance estimated that the proposal would cost cities and towns over \$900,000 per year – about half from staffing costs and half from additional vehicle expenses. We believe that that estimate was low and also noted that some communities would bear larger burdens than others. Fortunately, state law prohibits a regulation with an unfunded municipal mandate from taking effect until the subsequent fiscal year – one of the few protections cities and towns have from new mandates occurring in the middle of a fiscal year and creating a midyear budget deficit (RI General Laws § 45-13-9.1). In order to ensure that the regulation was adopted in the necessary timeframe, our members worked with the Department of Health to remove the unfunded mandates from the proposal.

These problems could have been alleviated if cities and towns had had a representative on the Ambulance Service Coordinating Advisory Board. As we saw last year, proposed regulatory changes to EMS can have financial and operational impacts on cities and towns. Further, in some communities, EMS staffing and operations are guided by collective bargaining agreements. The Department of Health needs to ensure that its recommended changes to EMS regulations promote public safety while also respecting local control.

This legislation would remove the two Department of Health appointments from the Ambulance Services Advisory Board and replace them with two municipal officials. Further, it would require that any proposed rule that has a municipal fiscal impact be reviewed by this committee prior to

enactment. We believe that oversight requirement is important for two reasons. First, it allows the committee to understand the proposed impact of any rules on cities and towns, as well as any cost-benefit analysis that has been conducted. Second, new mandated costs through regulation affect not only cities and towns, but also private ambulance providers. As we heard in testimony on this regulation last year, some of those providers suggested that the proposed changes would affect their ability to do business in the state. EMS is one component of a complex health care system in Rhode Island, and we need to make sure that the state is not creating conditions that weaken a vital link. Our experience last year is a clear example of how regulations need to be grounded in a careful benefit-cost analysis and not the expensive wish lists from some stakeholders that other people then need to pay for.

We believe that the modest adjustments in the legislation would significantly improve the regulatory process on emergency medical services, and we thank you for your consideration of our views.